

Town of Seekonk**75%/25%****** HEALTH INSURANCE RATES FOR FY 2017****

		Individual	Family
<u>BLUE CARE ELECT VALUE PLAN - PPO (13.0% increase)</u>			
	Total Monthly Cost	<u>\$1,167.00</u>	<u>\$2,903.00</u>
75%	Town's Monthly Contribution	\$875.25	\$2,177.25
25%	Employee's Monthly Contribution	\$291.75	\$725.75
	Employee's Bi-Weekly Contribution (2 weeks)	<u>\$145.88</u>	<u>\$362.88</u>
	Employee's Bi-Weekly - 19 Pay (2 weeks)	<u>\$184.26</u>	<u>\$458.37</u>
102%	COBRA-Monthly Rate	\$1,190.34	\$2,961.06
50%	Retiree Monthly Contribution	\$583.50	\$1,451.50

<u>NETWORK BLUE NE VALUE PLAN - HMO (9.0% increase)</u>			
	Total Monthly Cost	<u>\$716.00</u>	<u>\$1,877.00</u>
75%	Town's Monthly Contribution	\$537.00	\$1,407.75
25%	Employee's Monthly Contribution	\$179.00	\$469.25
	Employee's Bi-Weekly Contribution (2 weeks)	<u>\$89.50</u>	<u>\$234.63</u>
	Employee's Bi-Weekly - 19 Pay (2 weeks)	<u>\$113.05</u>	<u>\$296.37</u>
102%	COBRA-Monthly Rate	\$730.32	\$1,914.54
50%	Retiree Monthly Contribution	\$358.00	\$938.50

MEDEX (Supplemental to Medicare A & B) *Eff. 1/1/2016 for Calendar 2016 (6.1% increase)

	Total Monthly Cost	<u>\$338.27</u>
50%	Town's Monthly Contribution	\$169.14
50%	Retiree's Monthly Contribution	\$169.13

**** DENTAL INSURANCE RATES FOR FY 2017****

(Effective July 1, 2016-No Increase for FY17)

ALTUS DENTAL *

	Total Monthly Cost	<u>\$34.50</u>	<u>\$87.69</u>
50%	Town's Monthly Contribution	\$17.25	\$43.85
50%	Employee's Monthly Contribution	\$17.24	\$43.85
	Employee's Bi-Weekly Contribution (2 weeks)	<u>\$8.62</u>	<u>\$21.92</u>
	Employee's Bi-Weekly - 19 Pay (2 weeks)	<u>\$10.89</u>	<u>\$27.69</u>
102%	COBRA-Monthly Rate	\$35.19	\$89.44

****VISION INSURANCE RATES FOR FY 2017****

(Effective July 1, 2016-5.1% increase for FY17)

HUMANA VISION *

		Individual	Employee & Spouse	Employee & Child(ren)	Family
	Total Monthly Cost - 100% Employee Paid	<u>\$6.84</u>	<u>\$13.69</u>	<u>\$13.00</u>	<u>\$20.44</u>
	Employee's Bi-Weekly Contribution (2 weeks)	<u>\$3.42</u>	<u>\$6.85</u>	<u>\$6.50</u>	<u>\$10.22</u>
	Employee's Bi-Weekly - 19 Pay (2 weeks)	<u>\$4.32</u>	<u>\$8.65</u>	<u>\$8.21</u>	<u>\$12.91</u>
102%	COBRA-Monthly Rate	\$6.98	\$13.96	\$13.26	\$20.85

* Employees will no longer be permitted to terminate their dental or vision plans during the course of the year. Our renewal date for both insurance benefits is July 1st. We will only allow an employee to enroll or terminate the plan with a July 1 effective date. This change to our policy will begin July 1, 2016.